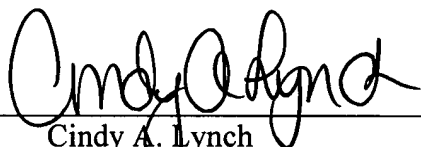


**REMARKS**

In the event that there are any questions concerning these amendments or the application in general, the Examiner is respectfully requested to telephone the undersigned. The Commissioner is authorized to charge any fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3100.

Respectfully submitted,  
CONOR MEDSYSTEMS, INC.

By:   
Cindy A. Lynch  
Registration No. 38,699

1003 Hamilton Court  
Menlo Park, CA 94025  
(650) 614-4100

Date: August 27, 2004